


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90119 023 ***150.00

DOCUMENT # F95000004920							
1. Entity Name CAMERICAN INTERNATIONAL, INC.							
Principal Place of Business 45 EISENHOWER DRIVE PARAMUS, NJ 07652 US			Mailing Address 45 EISENHOWER DRIVE PARAMUS, NJ 07652 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 47-0676720			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
			8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
T NAME BRESLOW, JAY STREET ADDRESS 668 BIRCHWOOD DR CITY-ST-ZIP WYCLCOFF, NJ 07481	<input type="checkbox"/> Delete	T NAME Breslow, Jay STREET ADDRESS 668 Birchwood Drive CITY-ST-ZIP Wyckoff, N.J. 07481	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
P NAME ABRAMSON, LARRY STREET ADDRESS 181 YOUNGS RD CITY-ST-ZIP MAHWAH, NJ 07430	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Jay Breslow CFO Jay Breslow</u>			Date: <u>2/10/06</u>		Daytime Phone #: <u>201-577-0101</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							